

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**63-019588**

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. **107**

Primary Registration District No. **3019**

Registrar's No. **98**

**FILED MAY 28 1963**

VS 300 Rev. 4/59	DATE AMENDED	10355	20355	3	4	1	5	0	6	7	0	8	2	9	+	10	11	12	2-0	13	5-0
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS																					
INSTEAD OF																					
DOCUMENT																					
MEDICAL CERTIFICATION																					
BY AFFIDAVIT OF																					
ITEM NO.																					
SHOULD READ																					
TYPEWRITER RIBBON																					
USE BLACK INK OR TYPEWRITER RIBBON																					
<p>1. PLACE OF DEATH</p> <p>a. COUNTY <b>Dunklin</b></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kennett</b> Length of stay in 1b</p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Dunklin Co. Memorial</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <b>Mo.</b> b. COUNTY <b>Dunklin</b></p> <p>c. CITY OR TOWN <b>Kennett</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) <b>601 W. 7th. St.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>3. NAME OF DECEASED First Middle Last</p> <p><b>Martha Diane Ferguson</b></p> <p>4. DATE OF DEATH Month Day Year</p> <p><b>May 12 1963</b></p> <p>5. SEX <b>F</b> 6. COLOR OR RACE <b>White</b> 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p> <p>8. DATE OF BIRTH <b>3/23/1963</b> 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR</p> <p>Months Days Hours Min.</p> <p><b>1 19</b></p> <p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b> 10b. KIND OF BUSINESS OR INDUSTRY <b>---</b> 11. BIRTHPLACE (City and state or country) <b>Kennett, Mo.</b> 12. CITIZEN OF WHAT COUNTRY <b>USA</b></p> <p>13a. FATHER'S NAME <b>Donald Ferguson</b> 13b. MOTHER'S MAIDEN NAME <b>Martha Marie Parks</b> 14. NAME OF HUSBAND OR WIFE <b>---</b></p> <p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b> 16. SOCIAL SECURITY NO. <b>---</b> 17. INFORMANT <b>Donald Ferguson, Kennett, Mo.</b> Address <b>---</b></p> <p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)</p> <p>PART I. DEATH WAS CAUSED BY:</p> <p>IMMEDIATE CAUSE (a) <b>Meningitis</b> INTERVAL BETWEEN ONSET AND DEATH. <b>2 days</b></p> <p>CONDITIONS, if any, which gave rise to above cause, (a), stating the underlying cause last. DUE TO (b) <b>3 (Culture pending)</b></p> <p>DUE TO (c) <b>---</b></p> <p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Premature infant</b></p> <p>PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p> <p>20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year</p> <p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p> <p>20f. CITY, TOWN, OR LOCATION COUNTY STATE</p> <p>21. I attended the deceased from <b>11 May 63</b> to <b>12 May 63</b> and last saw her alive on <b>12 May 63</b></p> <p>Death occurred at <b>approximately 10:00a</b> on the date stated above, and to the best of my knowledge, from the causes stated.</p> <p>22a. SIGNATURE (Degree or title) <b>Wm E. Morhead, M.D.</b> 22b. ADDRESS <b>Marshall, Mo</b> 22c. DATE SIGNED <b>5/15/63</b></p> <p>23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b> 23b. DATE <b>5/14/1963</b> 23c. NAME OF CEMETERY OR CREMATORY <b>Gregory</b> 23d. LOCATION (City, town, or county) <b>Near Kennett, Mo</b></p> <p>24. FUNERAL DIRECTOR ADDRESS <b>McDaniel Funeral Ser. Kennett, Mo.</b> 25. DATE RECD. BY LOCAL REG. <b>5-20-1963</b> 26. REGISTRAR'S SIGNATURE <b>Carl Hunsberr</b></p>																					

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed James R. Roberts

Licensed Embalmer No. 2880

P. O. Address Leunett, Mo

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a **STUDENT**, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

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2200

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